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PTO/SB/06 (08-00)
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o a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respon Application or Docket Number **BATENT APPLICATION FEE DETERMINATION RECORD** 66329/14561 OTHER THAN CLAIMS AS FILED - PART I 10/3/01 SMALL ENTITY **SMALL ENTITY** (Column 2) (Column 1) FOR NUMBER FILED **NUMBER EXTRA** RATE FEE RATE FEE BASIC FEE \$ OR (37 CFR 1,16(a) TOTAL CLAIMS 18 38 minus 20 = 0.00 x \$ 50.00 OR \$900.00 (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 3 = \$0.00 1 4 OR \$200.00 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) \$0.00 0.00 OR \$1,100.00 \$0.00 TOTAL TOTAL OR \* If the difference in column 1 is less then zero, enter "0" in column 2 10/27/05 OTHER THAN CLAIMS AS AMENDED - PART II OR SMALL ENTITY **SMALL ENTITY** (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL TIONAL RATE ENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR AMENDM OR Total S 50.00 \$0.00 Minus = 34 38 0 \$0.00 (37 CFR 1.16(c)) Independent Minus \$0.00 \$0.00 4 0 200.00 = (37 CFR 1.16(b)) OR \$0.00 0.00 (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR \$0.00 \$0.00 5/17/06 ADDIT. FEE (Column 1) (Column 2) (Column 3) ADDIT. FEE CLAIMS **HIGHEST** ADDI-ADDI-REMAINING **PRESENT** NUMBER RATE TIONAL TIONAL RATE AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total x \$ <sup>50.00</sup> \$0.00 \*\* 0 34 Minus 38 \$0.00 = S (37 CFR 1.16(ch) OR Independent \*\*\* 4 Minus 4 \_ \$0.00 \$0.00 0 OR \$0.00 0.00 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL. OR TOTAL. \$0.00 \$0.00 ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER **PRESENT** RATE TIONAL RATE TIONAL AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 50.00 \$0.00 0 Minus 38 = \$0.00 (37 CFR 1.16(c)) OR Independent \$0.00 \$0.00 Minus n 200.00 (37 CFR 1.16(b)) OR \$0.00 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 0.00 OR TOTAL TOTAL \$0.00 OR \$0.00

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. The will vary depending upon the needs of the individual case.

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\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".